

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. HOI-13302/16
Application No. 10/540,349-Conf. #2540	Filing Date June 21, 2005	Examiner Clark D. Petersen	Art Unit 1657	
Applicant(s): Lars R. Damgaard				
Invention: DEVICE AND METHOD FOR NON-INVASIVE MEASUREMENT OF THE INDIVIDUAL METABOLIC RATE OF A SUBSTANTIALLY SPHERICAL METABOLIZING PARTICLE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	- 20 =		x	
Independent Claims	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				525.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				525.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. <u>07-1180</u> in the amount of \$ <u>      </u> . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ <u>525.00</u> to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
/Ronald W. Citkowski/ Ronald W. Citkowski Attorney/Agent Reg. No.: 31,005		Dated: <u>May 1, 2008</u>		
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000				